

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mental Health Management
c/o Alabama Department of Corrections
50 Ripley Street, 3rd Floor
Montgomery, AL 36130

2. Article Number

(Transfer from service label)

7005 1820 0002 3461 4933

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* *R. M. Brisbane*☐ Agent☐ Addressee

B. Received by (Printed Name)

R. M. Brisbane

C. Date of Delivery

*1/10/06*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No*2:05C 0 439-17**c, and c + 0 2/3/06*

Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes